

# News Bulletin

VOLUME 15 NUMBER 2

UNITED NURSES OF ALBERTA

JUNE/JULY 1991

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Edmonton, Alberta  
T5J 3N6



## Maternity Leave: This is the New Reality!

A complaint to the Alberta Human Rights Commission has led to a landmark decision which will have far reaching implications for the treatment of women in the workplace. Susan Parcels, a member of UNA Local #2, filed the complaint in 1989 after she was asked by the Red Deer General and Auxiliary Hospital to prepay more than \$800.00 to cover the cost of her health care benefits prior to taking leave of absence to have a child.

Since 1989, when the Supreme Court of Canada ruled that pregnancy was a valid health-related reason for being absent from work and that pregnancy-based discrimination is discrimination on the basis of sex, the issue of pregnant employees has been mired in confusion.

Prior to the complaint lodged by Parcels, employers were often forcing pregnant employees to take unpaid leaves of absences 12 weeks prior to the expected date of delivery and to prepay the total cost of benefits. Although U.N.A. was successful in obtaining many improvements in maternity leave during the last round of bargaining, many employers were still requiring employees to commence unpaid maternity leave no later than the date of delivery, and to prepay the entire cost of the benefits. It was the request for prepayment that led to the human rights complaint.

Assisted by UNA Local #2, Parcels filed a grievance against her employer. It was soon recognized, however, that the issue of payment was only one part of a larger question and the grievance was withdrawn in favour of a Human Rights Board of Inquiry which could examine the broader issues of how pregnancy and maternity leave should be handled. The 250 page decision released in mid-June does just that.

### The Arguments

The Red Deer Hospital and the Alberta Hospital Association agreed that pregnancy is a health-related reason for being absent from work, and agreed that if the pregnancy or complications arising from the pregnancy prevent an employee from performing the tasks of her job, the pregnant employee is entitled to sickness benefits. It was argued, however, that if a woman chooses to begin maternity leave while she is medically fit to work, this voluntary leave will prevent her from claiming sickness benefits in the future. It was also argued that effective the date of delivery, employees must take an unpaid leave from their employment and seek Unemployment Insurance maternity benefits rather than sick leave.

The Human Rights Commission, supported by U.N.A., argued that although an employee is not entitled automatically to the same treatment given to employees who qualify for sick leave from the time she elects voluntarily to go on maternity leave, there is a period of time prior, during and following delivery, when an employee is absent for health-related reasons and therefore must be treated identically to other employees absent for other health-related reasons.

### Evidence

The Board of Inquiry heard from five expert witnesses and examined the gynecological, obstetrical and occupational medical evidence as well as the evidence regarding the costs to insurance companies of compensating pregnancy related leave. It was also necessary for the Board to examine the Federal Unemployment Insurance plan and the effects of UI maternity leave benefits. It was

noted that U.I. payments are not an exact substitute since U.I. pays a maximum of 60% of an employee's weekly earnings.

### Decision

The Board of Inquiry made the following findings:

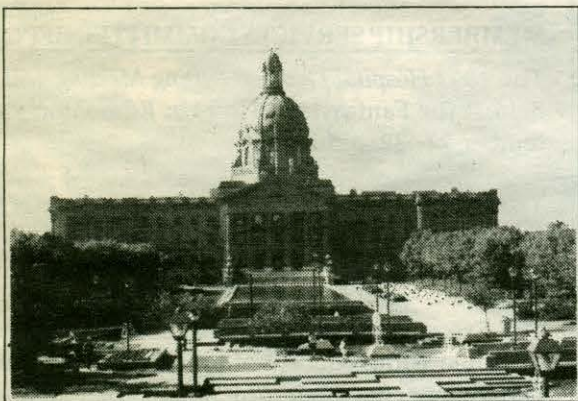
- It is discrimination for the Collective Agreement to require an employee on maternity leave to pre-pay 100% of premiums in order to retain her benefits coverage for that part of her absence which is health-related.
- An Employer with a benefits plan must compensate its pregnant employees when they are absent from the workplace for valid health-related reasons in the same way and at the same level as it compensates any other employee absent on sick leave.
- The benefit plan must pay pregnant employees for the entire period of their health-related absence, whether it occurs during pregnancy, childbirth or recovery from childbirth.
- There is no automatic time period when an employee is eligible for sickness benefits. A pregnant employee must follow current proof-of-claim procedures to establish that the health-related absence is valid.
- The benefits for the health-related absence portion of a maternity leave are payable whether this portion occurs before, during or after a period of unpaid voluntary maternity leave.
- An employer can take advantage of the "U.I. SUB" plan regulations, however, an employee cannot receive less than she would under the employer benefits plan (NOTE: No SUB plan is in effect for nurses in Alberta. Currently U.I. regulations regarding SUB plans cap payments so that an individual cannot receive more than 95% of normal earnings.)
- The Collective Agreement and benefit plan must be amended to provide for payment of the benefits in these circumstances. The ultimate cost of this decision will have to work its way through the market place in a non-discriminatory fashion.

### Implications

As a result of the decision, employers must acknowledge that pregnancy and childbirth are valid health-related reasons for being absent from work. As such, employees must be compensated as any other employee entitled to sick leave, prior, during and following childbirth. Employers can no longer force employees on to unpaid maternity leave. This is true whether or not the employee has chosen to go on voluntary maternity leave prior to delivery.

As a result of the determination of Susan Parcels' case and what the Board of Inquiry termed as the "...vigorous, one might even say missionary prosecution of this case in favour of Susan Parcels by her union", women need no longer accept only U.I. maternity leave benefits when off work due to pregnancy and childbirth. At the time of this writing it is not known whether or not the employer will appeal. Members who may be planning to go on maternity leave in the future are urged to contact the U.N.A. office prior to applying for any leave of absence. ♡

## UNA Moves to Keep Closer Eye on Leg.



On August 1st, UNA's provincial office will relocate to the 9th floor of the Park Plaza in Edmonton. The building is in the last line of private buildings next to the Alberta Legislature. The new address is:

**United Nurses of Alberta**  
9th Floor, Park Plaza,  
10611 - 98 Avenue  
Edmonton, Alberta  
T5K 2P7.

## REMINDER

### Demand-Setting Meetings

Hospitals:

September 24, 25, 26 — Edmonton

Health Units:

October 29 & 30 — Edmonton





# UNA Executive Board Summary (May 1991)

## MOTIONS ARISING FROM EXECUTIVE SESSION

The following motions were adopted:

"That 2 Labour Relations Staff and 1 Administrative Staff be hired for August 1, 1991."

"That the Edmonton Office be relocated to Park Plaza address, subject to lease approval by U.N.A.'s lawyer."

## DISTRICT REPORTS

### **South Central**

The following motion resulted from the South Central District Report:

"That U.N.A. donate \$5,000.00 from the Emergency Fund to the Western Union of Brewery, Beverage, Winery and Distillery Workers, Local #287."

## BOARD POLLINGS

The Executive Board ratified the Board Polling Re: Donation of \$20,000 to Saskatchewan Union of Nurses.

## LEGISLATIVE COMMITTEE REPORT

The Funding - 3 Policy on Donations was amended by adding "Canadian Nursing Unions" to read:

"Donations of up to \$20,000 may be made by the Executive Officers on behalf of U.N.A. members in the event of a strike or lockout of a Canadian Nursing Union. Additional donations may be made pending a positive response to an Executive Board polling."

**Note:** The above amendment will be taken to the Annual General Meeting for debate.

The following Constitutional Amendment will also be taken to the Annual General Meeting:

"An LOA may be taken by Executive Board Members and Local Executive. A written notification of such LOA shall be made to the Executive Officers of U.N.A. This LOA shall not exceed 1/2 the length of the term of the position affected. This LOA will not be funded by U.N.A. The interim replacement will receive the budgeted funding for that position. Thirty (30) days prior written notice shall be made to the Executive Officers of U.N.A. of the expected date of return to position. Interim replacements shall be made in accordance with Appendix "B" Bylaws II 1 and Appendix "A" Bylaws VI. In the event that the President, Vice-President or Secretary-Treasurer should take an LOA, the Executive Board shall elect by and from themselves a replacement for the term of the LOA or until the end of the term of office."

## EDUCATION COMMITTEE REPORT

A proposal was adopted for a negotiations seminar for all Local Presidents. This workshop will be held on September 23 at the Westin Hotel in Edmonton. Topics to be covered include collective bargaining, roles and responsibilities of Local Executives and political action.

The two (2) day workshops for October and November 1991 have been cancelled.

## FINANCE COMMITTEE REPORT

A motion was passed to purchase answering machines for all Locals, Executive Board Members, Hospital and Health Unit Negotiating Committee Members prior to the upcoming round of negotiations.

There were budget revisions for the following items:

1. To fund five (5) members' attendance at two arbitrations.
2. To provide educational monies for out-of-scope employees.

3. To provide monies for additional overtime for Labour Relations Officers.
4. To provide adequate monies for computer training for all staff.
5. To increase U.N.A.'s provincial funding for education.
6. To provide monies for a Crisis Management Workshop in Calgary.
7. To provide monies for mini-workshops for new Local Executives.
8. To provide monies for Local #183 to meet the requirements of their current Collective Agreement in regards to the membership counselling unit.
9. To reimburse members for costs incurred at a "Council of Teaching Hospitals of Alberta" meeting that the employer would not cover.

A motion was passed to purchase an additional 150 armchairs from Chile.

**Note:** The Finance Committee will be bringing a Constitutional Amendment to the Annual General Meeting decreasing the amount put into the Emergency Fund to twelve percent (12%). Details of this motion will be discussed at District Meetings.

## STEERING COMMITTEE REPORT

Districts may submit the names of past members they wish to see invited as guests to the Annual General Meeting.

Madeline Parent is being invited as the keynote speaker at the 1991 Annual General Meeting.

A "Wine and Cheese" social with guest speaker Jon Shearer or Bruce Little will be organized by U.N.A. for the first night of the Annual General Meeting.

**Note:** The following amendments were made to Position Statement #8 and Negotiations 4.9 to be taken to the Annual General Meeting for endorsement:

### **That Position #8 - "Collective Bargaining" be amended to read:**

"U.N.A. believes that the right of workers to organize and engage in free collective bargaining is fundamental in any free society. There should be no legal restrictions on the right of Unions and Employers to participate in free collective bargaining.

An essential element of the bargaining process is the right of workers to withdraw their services.

Consistent with this belief, U.N.A. will not participate in any system which limits the right of any worker to take strike action."

### **That Negotiations Policy #4.9 (Hospitals) be amended by deleting #5 and replacing with:**

"In the event of a strike, U.N.A. will withdraw all nurses from the affected hospitals. No regular staffing will occur nor will U.N.A. negotiate any level of regular staffing.

Consistent with our professional responsibilities and past practice, U.N.A. will provide emergency services as authorized by the Local.

Locals will organize an Emergency Service Committee that will be responsible for providing nursing services if the staff available to the Employer (management nurses, doctors, etc.) are incapable of providing the needed services and only where the need for nursing services arises due to unusual circumstances beyond the regular day-to-day operations of that institution."

The Director of Labour Relations was directed to develop a Hospital Contract Interpretation Manual

as well as a Health Unit Contract Interpretation Manual. These are to be ready for the Negotiating Committee when they meet in July.

U.N.A. will be hosting the fall conference of the Health Unit Nurses Action Group. U.N.A. has offered to provide mailing, photocopying etc. for the event.

## OCCUPATIONAL HEALTH & SAFETY COMMITTEE REPORT

A revised Position Statement on Nurse Abuse was adopted.

An article will be placed in the U.N.A. Newsbulletin and Occupational Health and Safety Bulletin regarding the risks of possible allergic reactions to latex products (i.e. gloves).

## PENSION COMMITTEE REPORT

The following motions were passed:

That the Firefighter's Supplementary Pension Plan Brief be in the next U.N.A. Newsbulletin. This is for information purposes only. Pension Committee plans on submitting future contract proposals for U.N.A.

## POLITICAL ACTION COMMITTEE MEETING

The following motion was passed: U.N.A. purchase two "Community Action Packs" from Health and Welfare Canada at a price of \$500.00.

## PUBLICATIONS AND COMMUNICATIONS COMMITTEE REPORT

U.N.A. will purchase two (2) portable cellular phones.

When U.N.A. is booking space for negotiations, rooms with phone lines that can accommodate computers will be considered.

The D.L.R. be directed to investigate the costs of changing for format of the Newsbulletin to coincide with the change in production. We also ask that any ideas regarding a change in format be presented to this Committee at the August Board Meeting.

### **Negotiations 4.6 was amended by adding a new #8 to read:**

"That during negotiations the Local is responsible to develop a process by which the messages sent to the U.N.A. answering machine are accessed at least daily."

## MEMBERSHIP SERVICES COMMITTEE REPORT

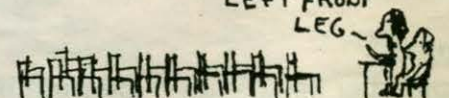
The 1993 Hospital Demand Setting Meeting will be held at the Fantasyland Hotel in Edmonton (September 21, 22 and 23).

The 1994 Annual General Meeting will be held at the Fantasyland Hotel in Edmonton (October 18, 19 and 20).

The Executive Board passed a motion to agree in principle with "concept of providing other membership benefits" to our members. This item will be further discussed and a motion will be brought to the Annual General Meeting. ♪

## **EMPTY CHAIRS DON'T VOTE**

ALL THOSE IN  
FAVOR INDICATE  
BY RAISING YOUR  
LEFT FRONT  
LEG



**ATTEND YOUR UNION MEETING**



# D.L.R. Report

by David Harrigan, D.L.R.

The recent Board of Inquiry decision under the Individual Rights Protection Act may well be the most important decision handed down in recent memory. The actual decision appears to simply state the obvious—that pregnancy, child birth and recovery from child birth are valid health-related reasons for being absent from work. However, employers and insurance companies have continued up until this decision, to treat these circumstances differently from other health-related absences. A male employee undergoing a vasectomy would be eligible for sick leave at 100% salary. If the employee runs out of accumulated sick leave prior to recovery, short-term disability would become applicable and the employee would receive two-thirds of his regular salary.

A woman who delivers a child, however, was expected to be satisfied with taking an unpaid leave of absence and receiving less than 60% of her regular salary from Unemployment Insurance maternity benefits.

As a result of the Board of Inquiry decision, this pattern of discrimination can no longer continue. Simply put, women who are unable to attend work due to pregnancy, child birth or recovery from child birth *must* be treated equally. Most physicians will indicate that from sometime around six weeks prior to giving birth until around eight weeks following delivery, women should be absent from work for reasons of their health. This period of time must now be paid as any other health-related absence. Further, a decision to take voluntary maternity leave earlier cannot disqualify an employee from these benefits.

It is astounding to think that such an obvious right to be treated equally should cause problems. However, it is estimated that employers in Alberta have been saving approximately \$35 million dollars a year by discriminating on the basis of sex. The actual decision of the Board of Inquiry is complicated and over 200 pages in length. Lawyers for UNA and AHA are studying the decision to deter-

mine all ramifications. It is not known if the AHA will launch an appeal. In the meantime, however, the parties have agreed to meet to discuss how the decision will be implemented.

UNA members who will be facing maternity leave should be aware of the following:

- Under the terms of the Collective Agreement and under the laws of the Province, you have the right to maternity leave at any time in the last twelve weeks of pregnancy whether or not your health requires it.
- There is a period of time that begins prior to delivery and extends until some time following delivery during which you will be eligible for benefits equal to those found in Article 19 of the Collective Agreement. This right is unaffected by any decision to take voluntary maternity leave earlier.
- Whether or not an employee takes voluntary maternity leave earlier, there will be a time prior to delivery when an employee will be entitled to sick leave and/or short-term disability. In order to qualify for this, you may be required to provide a medical certificate.
- The right to receive sick leave/short-term disability will extend until some period of time after delivery. Again, employees may be required to provide medical proof that they are absent due to health-related reasons.
- The sick leave/short-term disability provisions are superior to those provided by Unemployment Insurance. If an employee is in receipt of benefits from the employer, she will not be eligible to receive UI benefits for the same period of time.
- Employers cannot ask employees to prepay the cost of benefits for the period of time that is health-related.
- Employees should contact both the UNA office and the Unemployment Insurance office prior to taking maternity leave. ☺

## Fighting Recession With Wage Freezes

CALM

**WAGE CONTROL** fever continues to sweep governments across Canada.

In early June the Conservative government in Manitoba introduced a law to freeze the wages of 48,000 public sector employees. It became the sixth provincial government in Canada to do so (others include the Newfoundland, Nova Scotia, New Brunswick, Quebec, Saskatchewan and B.C. governments).

It also pressured the City of Winnipeg to renege on wage increases it had agreed to in negotiations with employees in May.

The Manitoba law will extend the freeze backwards to September 1990, and will roll back any increases negotiated up until next September. It appears aimed at the major public sector union in the province, the Manitoba Government Employees Association, which is in contract talks with the government.

**THE FEDERAL** government also upped the ante in the high-stakes game it's playing with federal employees. It announced it will accept nothing less than a wage freeze for the current year.

In last February's budget, the federal government said it would permit a wage increase of three percent this year, although any increase above zero would trigger layoffs. Now it's saying no increase will be allowed for the current year.

The Public Service Alliance of Canada, which represents 170,000 of 215,000 federal public employees, has voted in favour of strike action this summer if the federal government doesn't withdraw its wage freeze demands.

Talks between the PSAC and the government broke off in May. The union has applied for conciliation. ☺

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## Negotiations '92



Front (left to right)

Carmelita Soliman, Karen Craik, Elizabeth Markovich, Heather Smith

Back (left to right)

David Harrigan, Val Holowach, Diane Poynter, Darlene Wallace, Marilyn Coady, Murray Billett

Members of the Provincial Hospital and Health Unit Negotiating Committees attended a two-day negotiation workshop in Edmonton at the beginning of July.



Negotiating Committee  
Recommendations

(Reviews proposals and makes recommendations)



Local  
Review

(Reviews recommendations; determines local support for each proposal)

### NEGOTIATING COMMITTEE MEMBERS

#### Hospitals

Darlene Wallace (ND), Carmelita Soliman (NCD), Marilyn Coady (CD), Karen Craik (SCD), Diane Poynter (SD), David Harrigan, DLR - Chief Negotiator

#### Health Units

Val Holowach, Elizabeth Markovich, Linda Whalley, Murray Billett, LRO - Chief Negotiator



# Nurses Caring for the Future: Pension Plans

UNA's Pensions Committee has been busy reviewing pension plans of other organizations which do not participate in LAPP, PSPP or CCEBS. Parallels have been drawn between nurses, firefighters and police regarding the toll that time exacts on these workers. The Pensions Committee presents to UNA members the details of the City of Edmonton Firefighter's pension plan. The Committee intends to bring forward contract proposals regarding pensions to the membership at the Demand Setting Meeting in the fall.

## City of Edmonton Firefighters' Pension Plan

### Employee Contributions:

- 1.225% of current pensionable earnings
- contributions cease upon termination or retirement after 35 years of service
- if employees also participate in a Long Term Disability Plan their contributions to both will be reviewed
- if the employee is promoted to a Fire Chief or a Deputy Fire Chief position, the accumulated value of his and the employer contributions will be transferred into a supplemental plan

### Employer Contributions:

- City of Edmonton pays \$1.1 million per year into the plan until there is no longer an unfunded liability
- the city shall pay contributions required to fully fund the plan

### Management:

- the city is totally responsible for the administration of the plan and must ensure, at all times, that there is sufficient money in the plan
- if the pension plan is terminated, all debts must be met with no reduction in benefits
- a Pension Committee of 2 management and 2 union representatives will make recommendations to the city regarding the management of the plan

### Interest:

- interest will be paid on all monies at the average bank rate over 5 years

### Termination:

- if an employee is terminated or terminates em-

ployment, he is entitled to receive a refund of his contributions plus interest. If he has more than 5 years of service he may elect to receive a deferred pension after the age of 55

### Retirement:

- **employees must retire no later than their 60th birthday**
- employees must give 90 days' notice of retirement
- normal pension: 2% of employee's average pensionable earning multiplied by the total number of years of pensionable service minus amount of LAPP pension
- if an employee retires prior to age 55 with 30 or more years of service, he will receive 2% of average pensionable earnings times his years of service until he is 55. When he reaches age 55, he will receive the "normal pension".
- cost of living will be adjusted on January 1 of each year by the greater of: 1) adjustment of the L.A.P.P. 2) Edmonton Consumer Price Index
- at age 65 the employee's pension will be reduced by 0.6% of pensionable earnings times the number of years of pensionable service since 1966.

### Disability:

- total disability (disability prevents plan members from engaging in any occupation) an employee receives 2% of his average pensionable earnings at the date his service was terminated with the city times the number of pensionable and potentially pensionable years of service, minus any LAPP pension benefit
- partial disability (25 or more years of service and unable to perform normal duties of a firefighter): employee receives 2% of average pensionable earning at the date his service was terminated, multiplied by the length of time of pensionable service minus LAPP benefits

### Death Benefits:

After retirement after age 55:

- his spouse will receive 50% of the pension benefits the member would have received for the spouse's lifetime
- at the time the member would have reached age 65 the pension will be reduced by 0.3% of the

members contribution earnings under the Canadian Pension Plan times the years of pensionable service since 1966

- if the spouse is more than 10 years younger than the plan member, the spousal pension will be reduced by 1% for each year in excess of 10 years
- Prior to retirement with 10 or more years of pensionable service:
- his spouse will receive 50% of the average pensionable earnings times the sum of years of pensionable and potentially pensionable service
  - this payment will decrease by 0.3% when the plan member would have reached age 65
  - if the member is also survived by dependent children, his spouse will also receive an additional 10% of the above. However, if the spouse remarries, the pension will end when the youngest child turns 18
  - in the event of the death of the spouse within 60 months of the plan member's death, the estate of the spouse will receive a lump sum of 5 years of the spouse's payment
  - if the member has no spouse or dependent children, his designated beneficiary will receive a lump sum payment of the employee's contributions plus accrued interest

Prior to retirement, but with less than 10 years of service:

- if the member had between 5 and 10 years of service, his spouse will receive 50% of the "normal pension" benefit; if no spouse but dependent children (or if no dependent children - his beneficiary) shall receive a lump sum payment of 2 times the employee's contribution plus accrued interest
- if the member had fewer than 5 years of pensionable service, his spouse (or his dependent children if no spouse), will receive a lump sum of 2 times the member's contribution plus interest. If there is no spouse or children, the designated beneficiary shall receive a lump sum of the employee's contributions plus interest

## Local Authorities Pension Plan

At the beginning of this century retirement was uncommon. Most people worked until illness forced them to stop. Their income came from any monies they had managed to save, from charity or relatives. It is only within the last few decades that it has come to be accepted that a good proportion of a person's lifetime should be spent free from compulsory employment. Planning for an income during retirement is essential. You are never too young to think about your pension.

### 1. What is a pension plan?

A pension plan is a means by which you can build an adequate retirement income. It allows you to make provision for a permanent income to be paid when you find it desirable or necessary to retire from actively earning a salary.

### 2. Why should I have a pension plan?

While there are several sources of retirement income including the Canadian Pension Plan (CPP), Old Age Security (OAS), and Guaranteed Income Supplement (GIS), the fact remains that these basic payouts do not maintain an adequate standard of living. The LAPP fills the gap between these forms of income and the desired standard of living.

The average income for a single woman over 65 years is \$13,222 and for a married woman it is \$9,444. A single man over 65 can expect to earn \$16,190 and a married man \$19,288.

The average life expectancy at birth for a female is 79.73 years and for a male is 73.04 years.

Your contributions are tax-deductible.

### 3. How do I contribute?

The employer makes deductions from your regular paycheck. At the end of each month the employer sends your contribution and the employer's contribu-

tion to the Payroll and Pensions Department of the Alberta Treasury. Payroll and Pensions keeps a separate account for each employee identified by social insurance number.

Employers often require you work a probation period of one year before enrolling you in the LAPP (this is true for full and part time employees). You can serve this probationary period once for the LAPP. If you buy back this period within 5 years while with the same employer you only pay the employee contributions plus 4% interest. If you move to another employer or apply to buy back after 5 years, you must also pay the employer's contributions and interest of 4% on those contributions.

### 4. How much do I contribute?

LAPP contributions are currently made at the rate of 4.375% of your basic salary up to the yearly maximum pensionable earnings (YMPE) and at 6.25% after the YMPE. The YMPE is established each December by the federal government. The YMPE for 1990 is \$28,900.

### 5. How much does my employer contribute?

Your employer contributes an amount equal to your contribution plus 1%.

### 6. Is there a difference in contributions if I work part-time or casual?

A permanent full-time nurse must participate if she is regularly scheduled to work 30 hours or more per week.

A part-time employee may participate if her regularly scheduled hours of work are 14 hours or more per week. Notify your employer if you want to participate. Your contributions and the employer's contributions are made at the same rate as above in item 5.

If you work additional hours, which are not overtime hours, you should ask your employer to recognize these hours as pensionable service. U.N.A. takes the position that casual employees are entitled to participate in the L.A.P.P. if they work not fewer than 728 hours per year.

### 7. What happens if I resign? Should I cash-in?

UNA recommends that you investigate the available options for the one that is best for you. Options include: (1) receiving a cash pay-out of your employee contributions plus 4% per year interest. Income tax will be withheld as per Revenue Canada's guidelines; (2) transferring your employee contributions plus 4% interest to a registered pension or registered retirement savings plan. No money is withheld for income tax; (3) leaving it on deposit for future disposition. Interest will accrue; or (4) transferring employee and employer contributions, and accumulated interest, to a reciprocal registered pension plan. This can only be done if you did not receive a cash pay-out from the previous plan, and if you commence contributions to the new plan within 3 months of stopping contributions to the previous plan and if you request the transfer within 1 year of making contributions to the new plan. If you have more than 5 years pensionable service you may wish to leave the money in the plan and arrange for a deferred pension.

The list of reciprocal agreements includes Alberta's Public Service Pension Plan as well as other organizations both inside and outside of Alberta.

### 8. What happens if I go on leave?

Generally you can not make contributions while you are on leave without pay (although you may be able to arrange for your employer to continue

Continued on page 5



# The Best Kept Secret in Alberta

## Molsons Brewery Workers on Strike

On April 27, 1991, members of Brewery Workers Local #287 walked off the job at the Molsons Brewery in Calgary.

They have been able to drag the employer to the table only once in the past 2 months of the strike.

The brewery industry, which negotiates via an association named "BEIRA" (Brewery Employers' Industrial Relations Association), has been a hotbed of labour unrest throughout the 1980's with employers locking out workers and workers going on strike.

When BEIRA began this round of negotiations with employees of each beer company, it laid roll-backs on the table. One of the most contentious proposals revolves around the use of student employees at the brewery and the rights and wages of those employees. At the Labatt's table BEIRA removed this proposal within the first week of negotiations, yet has refused to do so at the Molsons table.

Molsons has claimed that the union will not meet with them. In June the union had to force Molsons to meet with them. (In order to do this the Union had to book a room at the Labour Relations Board and advise management that the press had been notified of the meeting). The brewery workers moved on all outstanding issues and presented their case to management. Molson's negotiating team caucused for 10 minutes, came back to the union and said 'no', then left.

Only four major items remain in dispute:

### 1. Summer students

Currently employees hired between October

1st and April 30 serve a 90-day probationary period. However, employees hired between May 1st and September 30th serve a 130-day probationary period. The employer is proposing that any employee hired between May 1 and September 1 ("Summer Students") is not entitled to have workdays credited towards a probationary period, and that the employee should have limited rights under the collective agreement. The employer also wants to pay the summer student 1/2 the pay of other employees and automatically terminate employment September 1, while denying the summer student the right to be recalled.

### 2. Continuation of benefits

The union wants similar wording to a clause in the Labatt's contract where the employer pays an employee on STD, LTD or WCB his wage and the employer is then reimbursed by the insurance company or WCB. Employees have suffered lengthy delays for their cheques as the employer continually challenges STD, LTD and WCB claims of the employees.

### 3. Duplication of Benefits

The union has won three arbitrations revolving around the issue of statutory holiday payment. The employer has proposed wording changes to the contract to support management's interpretation of the collective agreement.

### 4. Carry-over of sick leave

The union has proposed that all employees hired after 1985 receive the same sick leave as those hired prior to 1985.

It is interesting to note the lack of media coverage of the Molson strike. While the union has notified the media of the picket line and the various rallies in support of the strike and members of the press have appeared, the stories have rarely appeared in print or on air. As a result the union has needed to find creative ways of taking its message to the average Albertan. One of their methods included decorating a 20-foot flat-bed truck with slogans from the strike and 'cruising' Calgary's Electric Avenue — where they received an enthusiastic response from the crowds.

The Alberta Federation of Labour has contacted the Molson organization to advise it that a full-scale consumer boycott (similar to Gainers) may commence if the employer does not return to the bargaining table prepared to negotiate. Molson Breweries makes the following products: Molson Canadian, Molson Dry, Molson Golden, Pilsner, Coors, Coors Light, Extra Old Stock, Old Vienna, Fosters, Rikard's Red and Black Label.

UNA has actively supported the Brewery Workers since the beginning of the struggle. In addition to the UNA Executive Board's "walk-about" in Edmonton, members of South Central District have joined the workers on the picket line on a regular basis. The Brewery Workers have expressed appreciation for the moral as well as the financial support from UNA. UNA has donated over \$5,000 to the cause thus far.

The 102 union members remain strong, united and determined to win their battle. ♪



May 31, 1991 - UNA Executive Board members and observers, carrying information posters, strolled around the Molsons Brewery in Edmonton. Molsons' management quickly joined the nurses — to take pictures and to try to take names and statements from each individual. Heather Smith, UNA President, explained to the Molson representatives that UNA was on a walk-about designed to increase Alberta's awareness of the Molson workers' strike.

### Nurses Caring for the Future Continued from page 4

contributions for up to 23 days of leaves of absence per year). However once you have returned to your regular duties you can make arrangements to purchase the leave if your employer authorized your leave and if your request is made by June 30 of the year following the end of the leave of absence. Maternity leave is included on the list of eligible leaves. A maximum of 3 years' leave of absence without pay per career may be claimed.

### 9. If I didn't participate when I started working can I join now? And can I "buy back" what I've already worked?

As mentioned in #3, you can buy back the probationary period.

The LAPP does provide opportunities to "buy back" pensionable service. Pensionable service includes: time spent as a MP, MLA or member of the Executive Council, and employment with a local authority or with a body with whom LAPP has a reciprocal agreement. You cannot be entitled to receive a benefit under another pension plan for that service.

You arrange the buy back through your employer. The amount you must pay will be calculated by Payroll and Pensions and you pay the employee and employer contributions plus interest. There are three methods of buying back - lump sum payment, monthly instalments or annual instalments. UNA recommends, for tax purposes, that you pay the minimum monthly instalments (\$50/month) and then top up to the yearly allowable amount at the end of the year.

If you received a cash payout for pensionable service you need only pay the employee contribution plus interest as the employer portion would not have been removed from the pension fund.

### 10. Will my contributions be protected against inflation?

Cost-of-living adjustments are made, usually each January, by the Lieutenant-Governor in Council.

### 11. At what age can I start to receive my pension? How much will I receive?

Full pension: You will receive a full formula pension if you retire at or after age 65 if you have at least 5 years of pensionable service or at any age

after 55 if you attain the "85" factor. (The '85' factor is reached if your age and your years of service total 85 or more.)

Reduced pension: You can retire with a reduced pension at any time if you have at least 5 years of pensionable service. Your pension will be reduced 2%-3% for each year you retire before the date you would have otherwise received a full pension.

The amount of pension you will receive is based on an equation which considers the length of your pensionable service and your average annual salary during the 5 consecutive years when your salary was at its highest level.

### For further information contact:

1. Your Employer
2. UNA Pensions Committee  
760, 10303 Jasper Avenue  
Edmonton, AB T5J 3N6  
Telephone: 425-1025 or  
1-800-252-9394
3. The Local Authorities Pension Plan Handbook for Participants (available from your employer)
4. The LAPP "Hot Line" 427-2782 ♪



# Letters to the Editor

The previous Newsbulletin (March/April 1991) contained a letter from Karen Corry, a staff nurse and Local President at Calgary's Holy Cross Hospital, to Health Minister Nancy Betkowski. Karen expressed her concern about the management (or lack thereof) of health care in this province and called current attempts to correct budget shortfalls "band-aid solutions... when it is obvious there needs to be major surgery." Karen emphasized that the staff nurses who provide health care in Alberta must be consulted about the implementation of new programs or down-grading of existing programs.

The response of Nancy Betkowski is printed here along with Karen's answer to the Health Minister.

Dear Ms. Corry:

Thank you for your letter dated April 2, 1991 expressing your concerns related to reducing health care costs and nursing involvement in the decision making process.

Nurses play an essential role in the delivery of health services to Albertans. The government places a high priority on health and the funding for 1991/92 will be increased by 10% to \$4.1 billion. There are limitless demands for services and limited resources to meet these needs. The focus of health services will continue to shift from institutions to community. I am committed to maintaining the excellence of our health system while attaining a greater degree of fairness and equity within it, as demonstrated by the implementation of the Acute Care Funding Plan.

I believe health care funds should go to providing health services for Albertans and not to pay interest accumulating from deficits. The government is pursuing new approaches to maintain the quality and responsiveness of our health care system. The complexities and changes occurring within the system create many challenges for health care facilities and care providers. As a result of the transition we are experiencing, many difficult decisions are being made in an effort to target resources to areas of greatest need. I regret the loss of jobs as a consequence of tough decisions made by hospital and public health unit boards. Hospital boards have the responsibility to manage their own programs within allocated budgets.

There is a process in place to assist hospitals in reviewing their roles and the types of services being provided. The hospital role statement exercise is an important step, but it will not result in an overnight solution.

I can understand your feelings of frustration and I encourage you to bring your concerns through the appropriate channels in your own organization. I have been most supportive of involving nurses in decision making, especially around fiscal and patient care issues. As Minister of Health, I have requested that the eight crown hospitals appoint a staff nurse to the board.

I have also been pleased with the activities of the Job Enhancement Advisory Committee. This committee reviews proposals submitted by nursing personnel. These proposals provide staff nurses an opportunity to make changes to enhance their working life. There is a consultation requirement for nurses to work with senior management in the development of proposals. This process encourages collaboration so there is a commitment at all levels to resolving nurses' concerns. In times of constraint, I feel it is even more important to support innovation and provide nurses with funds for retention strategies.

The Advisory Committee specifically called for proposals this year which support team building, and nursing involvement in decision making. As part of the Premier's Nursing Initiative, the allocation of these funds was committed in 1989, for a four year period extending to 1994. The fund (\$2 million per year) is totally separate from budgets for the operation of hospitals. If the funds were not used for Job Enhancement, this funding allo-

cation would not necessarily go to hospital budgets but may go to other government priorities, such as debt reduction.

Thank you for taking the time to voice your concerns.

Yours sincerely,  
Nancy J. Betkowski  
Minister

Dear Ms. Betkowski:

Thank you for your response dated May 6, 1991 expressing some of your views regarding health care issues.

There are a number of concerns I have especially regarding the "limited resources" available for health services. It is my understanding that the Federal Government will be decreasing its payments to the provinces over the coming years. This will increase the responsibilities of the provinces to fund their health care systems independent of federal funding.

The recent shortfalls in funding for contract settlements and the changes in the "Aids to Daily Living Program" are creating a crisis situation within the health care industry. I understand the necessity to make hospital boards accountable for the spending of our health care dollars. I also appreciate what you are saying by having nurses appointed to the board at the various crown hospitals.

I have reviewed both the "Premier's Commission on Future Health Care for Albertans" and the "Rainbow Report". Personally, after reviewing the "Rainbow Report", I must reflect on the amount of bureaucracy that will be involved in its implementation. The recommendations of this report would involve a total of one task force, a project assessment team and 21 sub-committees all reporting to the government at the provincial level.

You can appreciate my concern as a nurse at the grass-roots level; it appears to me that there are going to be difficulties! All of us can appreciate more control over our working environment, but as nurses, we truly have a concern about people totally uninvolved in health care trying to control that environment.

In reflecting on the "Premier's Commission on Future Health Care for Albertans," we find ourselves, as nurses, constantly trying to justify and protect our practice as caregivers.

We fight for better staffing, better equipment, quality of working life issues, health and safety concerns, education concerns, and to be paid accordingly for the job that we do. Not just recently we have been blamed for the economic woes of the health care industry due to our contractual settlements. It angers me personally that we should shoulder the brunt of this present financial crisis within our government.

The recent cuts in the "Aids to Daily Living Program" and the redistribution of the \$2.2 million into more costly items will not save the health care system any money. I see the complete opposite happening! By decreasing accessibility of specific supplies such as catheters, dressings, ostomy aids, orthopedic aids, and oxygen supplies we are putting this group at the risk for acute care hospitalizations. This "target group" of individuals will be facing increasing economic hardship to maintain their quality of life outside of institutions. When they are forced to re-use supplies, or are even unable to afford further supplies, we will begin to see the results in the acute care setting. In my opinion there will be increased infections, respiratory problems, and the need for orthopedic surgery due to this decision! As you can see, this will result in higher costs to all Albertans!

What's the answer to the obvious difficulties we are facing now and in the future? A careful review of government spending is a priority and I know that there is presently an attempt to do this. How

are the "Lotto Dollars", "Medicare Premiums", "UIC Rebates", "Heritage Fund", and "Tax Dollars" (especially funds generated from the Tobacco and Alcohol Industry) being spent?! How are the health care dollars being utilized to maintain budgets in some of the rural hospitals that are within minutes of urban centres; and is this justified? And finally, how do we maintain quality of life outside of the "high cost" acute care settings?

I thank you again for the opportunity to respond to your letter, and I await your reply.

Sincerely,

Karen I. Corry  
Staff Nurse

Dear Heather Smith:  
Re: Leduc R.C.S.S.D. #132 Strike

On behalf of the teachers from the Leduc Catholic Bargaining Unit we would like to thank you for your financial assistance for teacher needs during the time of our strike.

We appreciate the attitude of unity and support which your donation gave to us. We are strengthened in the knowledge that other workers in the province recognize the need to stand together.

Yours Truly,  
Anne Hughes  
E.P.C. Chairperson  
(UNA donated \$5,000.00 to the teachers on strike.)

Dear Sandie:

On behalf of the board and membership of the Saskatchewan Union of Nurses, I thank you most sincerely for your generous donation to our organization. Your donation will go into our strike fund.

Our common concerns and support of each other will always be our strength and enable us to affect positive change.

In Solidarity,  
Joan Fockler  
Vice President Finance, SUN  
(UNA donated \$20,000 to SUN during their 11-day strike in May) ☺

## Why Women Shouldn't Vote

Excerpts from Equal Suffrage by James Hughes  
- Toronto, 1910 -

1. It is unwomanly to vote.
2. Most good women — intelligent, domestic, godly mothers — are opposed to suffrage for women.
3. Politics will degrade women.
4. Wives might vote against their own husbands and thus destroy the harmony of the home.
5. Women are fairly represented by men. Their fathers and brothers vote.
6. Women as a sex have no wrongs which male legislators cannot be expected to redress.
7. The transfer of power from the military to the unmilitary sex involves a change in the character of a nation. It involves, in short, nothing less than national emasculation.
8. If a woman becomes a man, she must be prepared to resign her privilege as a woman. She cannot expect to have both privilege and equality.
9. Women are more nervous than men, and the excitement of elections would undermine their constitutions and tend to unbalance them.
10. Women must bear and nurse children. It is impossible that they should compete with men in occupations which demand complete devotion as well as superior strength of muscle and brain.

(Hughes did not agree with the reasons he discussed in his article.)



# Issues Affecting Males in Nursing

by Gary Okrainec\*

As a career choice for a small but growing percentage of males, nursing has remained an occupation of low male visibility. Yet several issues continue to confront men within this professional group. This article examines four such issues: the female image of nursing; obstetrics in nursing education; career prospects for male nurses; and baccalaureate entry to practice.

## Female Image of Nursing

Traditionally, organized nursing care has been provided by females. The nursing role has evolved with a feminine influence which has contributed to the perception of nursing as a "female" profession. Evidence for the continued existence of such gender stereotyping exists even among the nursing students (Okrainec, 1989). About one-third of both male and female students in this study felt that females were superior in their natural aptitude for nursing, while virtually none of the students felt that males had natural superiority.

This gender stereotyping is especially interesting since it occurs in other occupations also, such as the military, engineering, and elementary school teaching. Can, and should practitioners of such professions, be regarded as asexual? It is interesting to note how our popular culture—movies, theatre and novels—affirm the stereotypes of female nurses. Thus, the nursing profession may have to appeal to the artistic community to present counterimages which better reflect reality as it is today, and as we would wish it to be advanced tomorrow.

Role strain in male nurses is a natural outcome of gender stereotyping. Role strain can be briefly described as the difficulty of fulfilling culturally defined roles. For the male nursing student, being of the male gender in a traditional female occupation is a potential source of role strain (Auster, 1979). Research tends to confirm that male nursing students tend to aspire to those specialty areas in nursing that minimize role strain, such as acute care areas (emergency, adult intensive care and operating room nursing) and nursing administration, while avoiding such areas as gynecology, obstetrics, pediatrics and the newborn nursery (Okrainec, 1989). However, little direct evidence of role strain was reported by the male students in this study. With the exception of gynecology and obstetrics, the males were satisfied with most aspects of their nursing education. Thus, the question must be raised as to whether or not role strain, if it exists for males, emerges after training, when the males are actively involved in nursing practice.

## Saskatchewan Union of Nurses Nurses Ratify New Contract

Members of the Saskatchewan Union of Nurses have voted 78% in favour of ratifying new collective agreements applicable to more than 6500 nurses employed in 118 acute care hospitals and 50 long-term care facilities represented by the Saskatchewan Health-Care Association (SHA) and the Saskatchewan Association of Special Care Homes (SASCH). 49% of the membership voted.

"Nurses know that this strike was completely unnecessary and occurred because of a deliberate and aggressive strategy by the SHA and the government. The SHA refused to seriously negotiate job security issues until the strike began, and the government is attempting to restrain nurses' salaries while taking no action to curtail spending on construction of new health care facilities, or to implement preventative and cost-effective health care measures," said Joan Fockler, SUN Vice-President.

"The low turnout at the voting polls is a further indication of the frustration and anger experienced by SUN members," said Joan Fockler, SUN Vice-President.

The new two year agreements, effective April 1, 1991, and expiring March 31, 1993, provide most nurses with a 9.4% increase over the life of the agreement, while nurses at the start rate receive a 19% increase. SUN also achieved protection for senior nurses in the event of layoff, or in the event of the merger or transfer of services between health care facilities. Employees are also committed to implement more flexible work schedules where practical. SUN also obtained the

## Obstetrics in Nursing Education

A large percentage of the male students indicated that they were satisfied with their nursing programs—curriculum, instruction and support services (Okrainec, 1989). Female respondents indicated a similar level of satisfaction. Since nursing education has traditionally been viewed as a female discipline, the satisfaction expressed by the males provides strong support for the continuation of co-education in nursing. Also, the majority of the male and female students stated that they would recommend nursing as a career to males, thus further endorsing the nursing education which they were receiving.

The above generalization notwithstanding, some problems with obstetrics existed for male nursing students. Few males, in direct contrast to the female students, expressed a liking for the obstetrical course, and virtually none selected this area as a potential career specialization. Male reluctance may lie in the nature of obstetrical nursing tasks associated with childbirth and the post-partum care of the patient.

If obstetrics is an area in nursing where gender differences play a part, this might be turned to an advantage. Traditionally, the needs of the mother have been the major focus of attention during the labour and delivery experience. Perhaps male nurses could better relate to the male-father experience, and make a unique contribution to meeting the needs of the fathers during the birth process. Thus, a re-examination of the nursing role performed by males in this area is called for.

## Career Prospects for Male Nurses

The trend in male enrollments in nursing education indicates slow but steady growth; more males are considering nursing as a potential career choice. While the door is clearly open to males in nursing, their future prospects within the profession remain in question. As more males develop careers in nursing, research might reveal their preferred career paths and specializations. The findings of this study (Okrainec, 1989), indicate a preference among male nursing students for acute care specialty areas (emergency, adult intensive care and operating room nursing) and nursing administration, in comparison to the female nursing students who favor obstetrics and pediatrics. These differing career preferences lend support to the assertion that males are not likely to staff the nursing profession in the same way as females. An interesting policy question is whether male neophytes should be groomed for specialization in acute care areas and administration, or whether steps would be taken to enhance the appeal of other nursing career areas for

men. Acute care nursing is seriously understaffed at present and the need exists to recruit actively for it. If males demonstrate an adaptive coping ability in acute care settings, this could have a positive effect on career longevity and satisfaction in this area.

## Baccalaureate Entry to Practice

The demographic data indicate that males entering nursing education are in their mid-twenties, have an average or below average high school record and are married. In addition, the majority of the male students (84.5%) enrolled in diploma programs and indicated satisfaction with the length of that program (75.9%). Given these characteristics, the baccalaureate entry to practice position may have a negative influence on males entering nursing in the future. Clearly, one present advantage of diploma nursing education is the relatively short program—two to three years, depending on the institution. As a result, fewer males may consider nursing education if a baccalaureate degree becomes mandatory. This may affect the direction of nursing in the twenty-first century, as male recruitment could potentially decline at a time when the trend is toward increases in males in nursing, unless an interest can be stimulated in baccalaureate nursing education. One option for addressing this problem is to associate the specialty areas of acute care nursing, nursing administration and nursing education (areas of high male interest) with baccalaureate programs.

## References

Auster, D. (1979) Sex differences in attitudes towards nursing education. *Journal of Nursing Education*, 18(6), 19-28.

Okrainec, G. (1989) *Perceptions of nursing education held by male nursing student*. Masters Thesis. Edmonton: The University of Alberta.

\* Gary, who graduated from the U of A Hospital School of Nursing in 1981, works on the orthopedic and thoracic surgery unit at the Royal Alexandra Hospital in Edmonton. He believes that the nursing profession is in a unique position when compared with other professions/careers because it is predominantly female—only 2% of Alberta nurses are male. Gary hopes that his continuing research into male nurses will result in a greater awareness of the role of male nurses and will assist nursing leaders deal with issues facing the small (but growing) male minority. ♀

# Other Nurses

SHA's commitment to provide for joint employee/employer control over administration of the pension plan.

Saskatchewan nurses reached the deal after an 11-day strike in May, 1991.

## Manitoba Nurses' Union

Vera Chernecki has been re-elected to her position as President of the 11,000 member Manitoba Nurses' Union.

She was first elected in 1981 and now begins her 11th term as President.

## Manitoba Nurses to Fight Layoffs "An Alberta Solution?"

Expressing anger at the duplicity of government and hospital administrators, Manitoba Nurses' Union President Vera Chernecki has vowed to fight announced layoffs at Seven Oaks General Hospital.

She said the Union will grieve layoffs on several counts.

Chernecki also stated that she is especially distressed by the manner in which the government has handled this.

"We have on file a letter from Health Minister Don Orchard written to all hospital Chief Executive Officers and managers during our strike last January which decries a possible Alberta solution of layoffs," she said. Mr. Orchard said in his letter of January 18th that an Alberta solution of reduced levels of patient care, layoffs, and bed closures "is not an acceptable solution for the health care system and the people of Manitoba or this government."

"We spent Tuesday morning meeting with the Minister and his Deputy Minister on a number of issues, including Seven Oaks, and were not given any indication that while we were meeting layoff notices were being typed. That kind of cavalier treatment of nurses is exactly what took us to the picket lines last January."

Chernecki said that although MNU was assured that there would be no retribution from government as a result of the January strike, the latest announcement smacks of revenge.

"Once again they speak of recognizing the value of our input while secretly planning an all-out attack on union nurses within the facility. I am told that management positions will not be reduced, in fact, they are safe from any job changes for one year at the request of the hospital board."

"We negotiated our collective agreement in good faith and have abided by that agreement," she said. "We expect the administration to do likewise or we will take action."

Chernecki said that the announced layoffs will further exacerbate the problem facing nurses as a result of short staffing.

"Right now we are working short staffed at the hospital as management saves money by not replacing sick calls and vacations" she said. As a result of these layoffs, each nurse could be responsible for up to 30 patients a shift. This is an impossible number to care for."

"Patient care will suffer she said, the government is once again showing its insensitivity towards sick and elderly Manitobans by attempting to balance budgets on their backs. ♀



# We're being threatened by a bogey man

Ed Finn/CALM

WHEN WE were children, many of us were warned by our parents that the "bogey-man" would get us if we didn't pick up our toys, brush our teeth, or go to bed.

Now that we're grown up, we're being threatened by another bogey-man — the federal debt. Our bloated business leaders, by far the greatest beneficiaries of government largesse, are warning us that Canada will become a financial basket-case if we don't curb our appetite for government-funded programs and services. Like medicare and old-age pensions. Like subsidies for education and job training.

And most of, unfortunately, are scared by the debt bogey-man. So scared that we may indeed come to believe that our social programs and public services have to be sacrificed to appease the monster.

THAT'S SAD, because the debt monster has no more basis in reality than did our childhood bogey-man. Oh, sure, the national debt exists, but that's all it is - a debt. One that preferably shouldn't be as high, but not something so monstrous and dangerous that we should surrender all that makes our society civilized in order to get rid of it.

Canada, like nearly every other country, is always in debt to some degree. The level fluctuates, usually in inverse ratio to the economic cycle.

In any case, pointing with alarm at the actual accumulated debt figure is an exercise in scare-mongering, not education. The only meaningful way to assess the size and relevance of the debt is to relate it to the overall size of the economy - the gross domestic product (GDP). As a percentage of the DGP, the debt now stands at about 55. That's high, all right, but not nearly as high as it was in the immediate post-war years, when it shot up to 106 percent of the GDP, and not all that much higher than it was in the 1950s, when it hit 48 percent.

The sky didn't fall then. The country didn't go belly-up. Nor did governments react by cutting back on social programs. On the contrary, that was the period when they began to *increase* their spending on the public sector. And the effect was to stimulate the economy and reduce the debt.

OUR CORPORATE taskmasters shrug off the misery their obsession with the national debt is causing. They're more concerned, they tell us, about the future generations of Canadians who will be stuck with paying our bills.

But in fact our children and grandchildren will not thank us if, in our misguided debt-cutting zeal, we deprive them of accessible health care and post-secondary education, old age pensions, and the other strands of our social security net.

Nor will they thank us if we leave them a country afflicted by more pollution, more crime and congestion in our cities, more economic inequity and social unrest.

Really, there is only one reason why we should be concerned about the national debt, and that is because the Chamber of Commerce and the Business Council on National Issues *want* us to be concerned about it. But is that reason enough?

IF IT IS, then let the corporations lead the charge against the debt. Let them set an example for the rest of us by renouncing the billions of dollars in government subsidies and tax breaks they now willingly accept.

Handouts like the capital gains exemption, the dividend tax credits, the capital investment write-offs, the real estate tax subsidies, the business entertainment tax exemptions, and lobbying and advertising subsidies.

Altogether, these and other government grants to big business amount to more than \$30 billion a year - enough in itself to offset the annual federal deficit.

Until they do, their dreary belt-tightening sermons should be laughed at and ignored.

Just as we now laugh at the bogey-man of our childhood.

(Ed Finn is a public relations officer with the Canadian Union of Public Employees and a member of the board of directors of the Canadian Centre for Policy Alternatives.)

## Did You Know?

- that out of the 200,000 nurses in Canada, 7,000 are male
- that until 1970 it was illegal for males to practice nursing in Quebec — but they could take nursing education
- that 80% of male nurses in all provinces except Quebec work at the bedside
- that in Quebec, 25% of head nurses are male

## Executive Board

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L.R.O.

Laurie Coates  
L.R.O.

\*Denotes District  
Chairperson

## 1991 Workshop Schedule



*We can only remain a strong,  
articulate union movement if we  
have an informed and active  
membership from which to develop  
the dynamic leaders required to meet  
head on the challenges of tomorrow.  
We can only develop those leaders  
through education.*

(Author unknown)

Date	District	Workshop	Location
September 11	Provincial Workshop	1. Nurse & the Law 2. Nurse & the Union 3. Leadership in Nursing 4. Contract Administration 5. Political Action	Edmonton
September 12	Provincial Workshop	1. Grievance 2. Health & Safety 3. PRC 4. Local Administration	Edmonton
September 23	Local Presidents' Workshop	Negotiations	Edmonton
November 18	Provincial Workshop	1. Grievance 2. Health & Safety 3. PRC 4. Local Administration	Calgary

2011.016 / 61